

Date: _____



Project No: _____

6400 El Verde Road
Leon Valley, TX 78238
Phone: 210-684-1391 x226 Fax: 210-509-8288

CONTRACTOR BUSINESS REGISTRATION APPLICATION

(Applicant must provide proof of liability issuance and up to date licensing information)

Fee: \$100.00 annually

(PLEASE PRINT CLEARLY)

Contractor Business Name: _____ Phone No.: _____

Business Address: _____
(Address) (City) (State) (Zip)

Name of Licensed Contractor: _____ Phone No.: _____

License #: _____ Expiration Date: _____ Email: _____

Insurance Company: _____ Phone No.: _____

I certify that I, the Applicant, to the best of my knowledge did truthfully and honestly present and provide the necessary documentation and licensing to the City of Leon Valley.

Signature of Applicant: _____

Date: _____

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